Survey Handbook

Under 16 Cancer Patient Experience Survey

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The Under 16 Cancer Patient Experience Survey Programme is run by Picker

on behalf of NHS England

www.picker.org

Picker

Picker is an international charity dedicated to ensuring the highest quality health and social care for all, always. We are here to:

* Influence policy and practice so that health and social care systems are always centred around people’s needs and preferences.
* Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
* Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people’s feedback.

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For more information about the Under 16 Cancer Patient Experience Survey, please visit the survey website:

<http://www.under16cancerexperiencesurvey.co.uk>

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# Introduction

The Under 16 Cancer Patient Experience Survey (U16 CPES) is carried out by NHS England and Picker to understand the experiences of cancer and tumour care among children under the age of 16 and their parents/carers, in England. The results of the survey are used to understand and improve cancer care nationally and locally.

 Although a national survey of cancer patient experience exists in England for adults (the [National Cancer Patient Experience Survey](https://www.ncpes.co.uk/)), there was no equivalent programme for children. It was therefore recommended that data was collected on patient experience for children under the age of 16 with cancer. This commitment to improvement is detailed in the [NHS Long Term Plan](https://www.longtermplan.nhs.uk/about/).

# Survey Information

## How was the survey developed?

The survey was developed in 2020 with the support of a wide range of key stakeholders including young patients, parents, clinicians, commissioners, cancer charities and data analysts. An advisory group provide ongoing expert advice on the development and implementation of the survey. The survey has run four times – in 2020, 2021, 2022, and 2023. The 2024 survey fieldwork will take place in 2025, inviting patients and their parents/carers who received cancer or tumour treatment or care in 2024 to take part.

## Who is carrying out the survey?

Picker is carrying out the survey on behalf of NHS England. [NHS England](https://www.england.nhs.uk/) is the organisation that leads the National Health Service (NHS) in England. [Picker](https://www.picker.org/about-us/) is a health and social care research charity based in Oxford.

The survey testing, fieldwork, analyses and reporting are completed by Picker. You can find out more about Picker on our website: <https://www.picker.org/about-us/>.

## What does the survey look like?

The survey asks children under the age of 16 and their parents or carers about key areas of their cancer care including information provision, communication and support.

Three surveys have been created for different age groups:

* A survey for parents/carers of 0-7 year olds;
* A survey for 8-11 year olds, with a separate section for their parents/carers to complete;
* A survey for 12-15 year olds, with a separate section for their parents/carers to complete.

A copy of the latest surveys can be found on the survey website: <https://www.under16cancerexperiencesurvey.co.uk/survey-support-materials>

The surveys are printed and posted by Picker to the patients’ parent or carer along with a covering letter and a freepost return envelope. An access code is printed on the covering letter included with the survey. By entering this unique access code via the hyperlink provided in the letter, or by scanning the QR code on the letter, children and parents can complete the survey online if they prefer this over paper completion.

Included with the survey is a multi-language leaflet providing a helpline number where non-English speaking participants can access an interpretation service for help completing the survey, if needed. Additionally, there is a child-friendly leaflet featuring suitable illustrations designed to encourage children to participate in the survey. Distinct leaflets are available, tailored to each specific age group.

Up to two reminders are sent to non-responders. If a patient does not wish to participate in the survey, a Freephone number and email address have been provided in the covering letters to enable them to opt out, or they can return a blank survey. They do not need to give a reason for opting out.

## Who will be included in the survey?

The survey is sent to all parents/carers of children under 16 who have a confirmed primary diagnosis of cancer or of a non-malignant brain, other central nervous system or intracranial tumour, or non-cancerous blood disease, and who have received NHS care and/or treatment in 2024 (elective and non-elective) in England. This includes those admitted to hospital as inpatients and those seen as day case patients. Both children and parents/carers will be invited to give feedback.

Patients who were diagnosed with cancer a long time ago and have since gone into remission will receive the survey if they have received care or treatment related to their cancer during the sampling period (e.g. if they have had check-ups).

Please note that outpatients and those who received care from exclusively at Paediatric Oncology Shared Care Units (POSCUs) and other specialist cancer treatment centres are not included. However it is recognised that to fully understand experiences of care for children with cancer, we should aim to broaden the inclusion to POSCUs and specialist cancer treatment centres outside of PTCs. Our current approach is to continue collecting feedback via PTC patients, but we will continue to explore what options may be available outside of this survey for collecting specific feedback from outpatients and POSCUs.

## Has the survey been reviewed by the Data Alliance Partnership Board (DAPB)?

The Data Alliance Partnership is a governance structure that provides oversight of the assurance and approval of information standards, data collections and data extractions (ISCE) across health and adult social care.

The Data Alliance Partnership Board has reviewed and approved the Under 16 CPES data collection up until and including the U16 CPES 2025 and is due to be reviewed again in June 2026.

This collection is mandated for all acute cancer services. NHS Foundation Trusts are mandated under schedule 6 of their Terms of Authorisation.

## Does the survey have Section 251 approval?

The Section 251 approval allows the common-law duty of confidentiality to be set aside and data to be transferred to Picker for the purpose of mailing out materials for the survey. Section 251 approval was granted by the Confidentiality Advisory Group (CAG) at the Health Research Authority for the 2023, 2024 and 2025 surveys (approval letters are available on the survey website: <https://www.under16cancerexperiencesurvey.co.uk/survey-support-materials>).

## How will the survey findings be reported?

We will publish national reports (quantitative and qualitative) of the responses across England, reports by Principal Treatment Centres, and full data tables. These will appear on the survey website – the most recent results can be viewed here: <https://www.under16cancerexperiencesurvey.co.uk/technical-reports>.

We will also provide a visual summary of results – see <https://www.under16cancerexperiencesurvey.co.uk/visual-summaries> for the latest results.

An online interactive dashboard will also be provided to allow interrogation of results and visual displays of data. See <https://www.under16cancerexperiencesurvey.co.uk/interactive-dashboard> for the latest results.

Free text responses will also be shared directly with Principal Treatment Centres (PTCs). PTCs will each receive workbooks with their free-text comments categorised into topics top aid local analysis.

# Survey responsibilities

## Setting up a project team

The best way to ensure that the survey is a success for your trust is to involve those people who have the most impact on patients’ experiences and who will be responsible for responding to the survey results.

As a minimum, you will need the following people involved:

* **A survey lead** – a day to day contact to deal with any queries during fieldwork, and to disseminate results to.
* **A person from your data team**, who will draw your patient sample. You need to share the sampling instructions with them and give them enough time to ensure that the appropriate resources will be in place when the sample needs to be drawn.
* **A member of your clinical cancer team** to check and validate the patient sample.

## Advertising the survey and recording dissenters

Participating NHS Trusts should have a system in place to inform patients about the survey and provide an option for them to opt-out if they don’t want to receive the survey. Trusts have been provided with a dissent poster for displaying in the trust. As the survey is annual and the sampling is continuous (i.e. the survey samples patients over a 12-month period, year on year), the poster should be continually displayed until further notice. If you are unable to display the dissent poster at your trust, please add this information to your website so that patients are aware of the upcoming survey and can opt-out. A copy of the dissent poster can be found on the survey website: <https://www.under16cancerexperiencesurvey.co.uk/survey-support-materials>

The poster provides details of the survey and space to add the contact details of a nominated person within the trust that patients could contact, should they wish to opt-out of the survey. This nominated person may be the paediatric matron or a member of your Patient Advise and Liaison Services (PALS). The staff member drawing the sample should check with a member of the cancer care team about whose contact details were provided on the dissent poster and reach out to this designated contact regarding opt-outs, to ensure they are removed from the patient sample list ahead of submission.

**Patients opting out should be advised they are being removed from the mailing list for this survey at this trust only, and not future surveys or other research taking place (either at your trust or other NHS trusts where they may also receive care).**

Trusts should have a way to record the details of patients who have opted out, for example using a password protected spreadsheet that is securely shared with the staff member drawing the sample. Patients who have opted out will need to be removed when compiling the patient list before it is submitted to Picker for approval. You will be asked to report how many patients have been removed on the Patient List Declaration Form.

The survey leads will need to work closely with the person who compiles the patient list and check carefully that all patients who have opted out are removed from the sample. The patient list must be signed off by the trust’s nominated survey lead before it is submitted to Picker.

## Drawing a sample

Trusts are required to draw the patient sample list in accordance with the sampling instructions. These are available here: <https://www.under16cancerexperiencesurvey.co.uk/survey-support-materials>.

## Providing a signature for the survey covering letter

The survey will be accompanied by a covering letter. Trusts are required to provide Picker with the signature they would like to include at the bottom of the covering letter. This may be from the Chief Executive, a Lead Cancer Clinician or a Lead Cancer Specialist. This should be sent to Picker in JPEG format via Picker’s [secure file transfer site](#_Internet_transfer_of). Please submit these before submitting your sample list, to ensure the trust does not cause a delay in starting fieldwork. The survey will be sent out once all samples have been approved from all trusts.

## Keeping everyone informed

Notify as many people as possible about the survey. All cancer departments in the trust should be made aware when a survey is being conducted in case patients ask staff questions about the questionnaire they have received. Survey lead(s) should be prepared to respond to queries quickly. Patients and their parents or carers who may have questions can be directed to the following:

* The survey Freephone number (08000 720 069) – this will be live during the fieldwork period when we contact parents about taking part in the survey
* The survey team email address (under16cancersurvey@PickerEurope.ac.uk**)**
* The survey website ([www.under16cancerexperiencesurvey.co.uk](http://www.under16cancerexperiencesurvey.co.uk)).

## What are Picker’s responsibilities?

All survey fieldwork will be carried out by Picker. This includes sending out the surveys and reminders, hosting the online survey versions, capturing the survey data, analysing the results and producing reports.

Picker will also undertake deceased checks. The Demographic Batch Service (DBS) checks will be undertaken at least three times during the fieldwork period: before initial send out; and before each of the two reminders. Picker guarantees that the send out of the initial mailing and the reminders will take place within 24 hours of the DBS deceased check completed. This arrangement will make the process more efficient and will ensure that the number of deceased patients in the sample will be minimised. It will also reduce the amount of work that trust staff have to undertake. However, if a trust wishes to do a local check before the second and third mailing, then this is definitely welcomed. The mailing dates will be shared with Trusts once they are confirmed. If a Trust needs to inform Picker of a deceased patient, they will need to contact Picker (see contact details on page 3 of this document) with the unique Patient Record Number(s) so we can ensure they are removed from the mailing. This will need to be at least 24 hours before the mailing date.

# Key dates for the survey

Please make the survey team at your trust are aware of the key dates shown in the table below. Delays to samples being submitted will impact on the start of fieldwork. This will lead to data and reports being published later than planned.

**Table 1: Key Survey Dates**

|  |  |  |
| --- | --- | --- |
| Dates | Task | Responsibility (Trusts/ Picker) |
| Early Dec 2024 | Sampling instructions available to Trusts | Picker |
| 14th Jan 2025 | Sampling webinar to discuss sampling with Trusts | Picker |
| 14th Jan 2025 | Patient list submission start date – date for Trusts to aim toward. | Trusts |
| 14th Feb 2025 | Last date for Data Sharing Agreement, Patient Declaration Form and Patient Sample (with deceased patients removed) to be submitted to Picker.  | Trusts |
| 14th Jan- 21st Feb 2025 | Picker to check and approve samples. Trusts to respond to queries | Picker and Trusts |
| 21st Feb 2025  | Final date patient samples can be approved for inclusion in the survey | Picker and Trusts |
| Mid-April 2025\* | Mailing 1 (with DBS applied) - first survey invite | Picker |
| Early May 2025\* | Mailing 2 (with DBS applied) - first reminder | Picker |
| Late May 2025\* | Mailing 3 (with DBS applied) - final reminder | Picker |
| Late June 2025\* | Fieldwork closes | Picker |
| July 2025 | Analysis and reporting begins | Picker |

\* ***These are estimated dates – final dates will depend on the timely submission of patient samples and resolution of queries across all Trusts***

## Submitting your patient list

Picker is happy to support you and work with you through any sampling issues and queries you may have during the sampling period. Picker will be in regular contact (via email and phone) from the start of this period until your sample has been approved for mailing. Please do not hesitate to contact us if you should have any questions in the meantime. If there are any issues or delays in submitting your patient list, please contact Picker immediately.

**Submission:** For the U16 Cancer Patient Experience Survey, there is a deadline for approval of the sample list. Therefore, it is important for you to submit your patient list as early as possible. Approval can take 2-3 weeks due to sample queries and/or resubmissions. Submitting early will help to ensure that the survey can start on time and that results can be reported back to you in a timely manner.

**Patient list queries:** It is equally important to respond swiftly to any queries Picker raises regarding your submitted patient list. Picker will follow up on any unresolved queries within two working days. As the survey cannot begin until all samples are approved, if queries are still unresolved after two further working days, NHS England will contact the survey lead to offer support in resolving outstanding queries.

**Figure 1: Sample Submission and Follow-up Process**

# Data protection and confidentiality

When carrying out the survey, both Picker and the NHS Trusts will need to ensure they comply with the UK General Data Protection Regulation (UK GDPR) to ensure personal data is kept confidential. The NHS trust will also need to comply with the NHS Code of Practice on Confidentiality (2003), which incorporates the Caldicott Principles.

The guidelines in the Sampling Instructions will help to ensure that data is handled in a manner in keeping with the Data Protection Act 2018, the UK GDPR, and the Market Research Society’s Guidelines research. It will be necessary to establish appropriate data security arrangements with Picker, who will send each trust a Data Sharing Agreement governing the transfer of personal data for review and signature (see below for more details).

To find out more information about data protection, please visit the Information Commissioner's Office (ICO) website here: <https://ico.org.uk/>

For further guidance on adhering to the UK GDPR, see the Market Research Society website here: <https://www.mrs.org.uk/standards/gdprsupport>

## Transfer of patient sample data

Trusts may send their patient list to Picker over the internet using Picker’s secure sample checking platform. This is to ensure a high level of security and to protect against any accidental or intentional interception during the transfer of patients’ details. This platform will also conduct a number of automatic checks on the patient list, thereby reducing the time spent signing off the sample. Picker will provide guidance on the use of this platform to trusts.

The trusts are the owners of the data, so the transfer of patient data is ultimately the trust’s decision, because the trust remains legally responsible for the security and processing of the information it shares.

## Data Sharing Agreement

A Data Sharing Agreement will be sent digitally to the designated survey lead in each trust and will need to be signed by the trust. By signing this agreement, NHS England and Picker, acting under their instructions, are obliged to keep the information received from the trust confidential at all times and to comply with current data protection legislation. It provides the trust with some recourse if a data protection breach were to occur as a result of any actions of Picker. The agreement also ensures that Picker staff members sign and abide by the agreement, which describes how patients’ personal data will be sent to Picker, how the data will be stored and how it can be accessed and used.

### National Data Guardian Review and patient opt-outs

The Department for Health and Social Care has confirmed that the Under 16 Cancer Patient Experience Survey is permanently exempt from the national data opt-out (National Data Guardian). Therefore, National Data Guardian opt-outs should not be applied to this survey, and you must not exclude patients on this basis. This means that patients do not have to actively consent to their data being used for the purpose of this survey; however as mentioned above, to abide by the survey’s section 251 approval, if patients choose to specifically opt-out of the latest survey (e.g. by using the contact details provided on the dissent posters) their wishes should be respected.

**Picker is under the obligation to report any breaches to the survey’s section 251 approval to NHS England and the Confidentiality Advisory Group. Your Trust would also have to review whether the breach needs to be recorded against your Data Security and Protection Toolkit.**